



Idaho Limited Liability Company Annual Report Form

	Idaho Limited L	iability Co	ompany Annual	Report For	m	B0322-5
	File online at: sos.idah	o.gov			Return completed form within 30 days to:	
	Due no later than: 07/31/2019				Idaho Secretary of State Attn: Annual Reports	
					450 North 4th Street	
Annual Report: No filing fee if received by the due date.				·	Boise, ID 83720	
				Phone: (26	08) 334-2300	13/ _
SOS Control	Number: 427039	Filing S	Status: Active-Existing	ļ.		2
Limited Liabili	ty Company (D)	Date F	ormed: 07/17/2014	Formation	Locale: ID	 9
	ailing Address:		(1) Add or Change Ma	iling Address:	_
	VE SALON LLC					4:
686 ADDISO						52
	2 <u>4</u> 2					PM
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_	Igent (RA) and Register	red Office (RO) Address: (2	2) Change RA and/or	RO Address:	Received
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	TWIN FALLS, ID 83301					
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	Note: The Par	nietarad Offica ac	idress must be a physical	Idaho address (no i	noefal hovi	
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(3) New Reg	istered Agent (RA) Sign		ew agent is appointed in item ((2) allove, the new age	nt must sign here to a cept the appointmen	H
(4) Limited Lial These will not I	bility Companies: Enter nar	nes and address	ses of Managers OR Mer ne entity mailing address	nbers. Do NOT pu . If more space is:	t 'same as last year' or 'same as ab needed, please add an attachment.	ove Ω Φ
Manager/Membe	17-1-4	10	Business Address	1	City, State, Zip	
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(5) Signature: Stun Ch Stulle Uneuga (6) Date: 8-28-19						_ 🖫
(7) Type/Print Na	me: Blawca Estell	e ANDYA) Title: 8-28	19 Member	awerenc
instructions: I	eaibly complete the form above	/ Sign and date t	his form and return to the a	tdress provided show	•	Ð